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UTILITY	Atty Doc. No. <u>51162</u> Total Page <u>30</u>
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
TRANSMITTAL	Maximilian ANGEL
	Express Mail Label No.
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1./X / Fee transmittal Form	6. / / Microfiche Computer Program (Appendix)
(Submit an original, and a duplicate for fee processing) 2./ X/Specification Total Pages / (Preferred arrangement set for below)	/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
Descriptive title of the Invention	a./ / Computer Readable Copy
Cross References to Related Application	b/ / Paper Copy (Identical to computer copy)
Statement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies
Reference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS
Background of the Invention	8./ X / Assignment Papers (cover sheet & document(s)
Brief Summary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney
Brief Description of the Drawings (if filed)	10./ /English Translation Document (if applicable)
Detailed Description	11./ /Information Disclosure / / Copies of IDS Citations
Claim(s)	12./ X /Preliminary Amendment
Abstract of the Disclosure	13./ x/Return Receipt Postcard (MPEP 503)
3./ / Drawing(s)(35 USC 113)(Figs.) Total Sheets / / 4./ X /Oath or Declaration Total Pages/ 3 /	Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and desired 15.// Certified Copy of Priority Document(s) (if foreign priority is claimed)
a / X/ Newly executed (original or copy)	
b./ /Copy from a prior application (37 CFR 1.63(d)	ing pplication
5. / / Incorporation by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from whice copy of the oath or declaration is supplied under Box 4	

17.	If a Con	inuing Application	on, cl	neck appropri	ate	box and supply the requisite info	ormation:		
	1	/Continuation	1	/Divisional	1	/ Continuation-in part (CIP)	of prior application No	,	, <u>. </u>

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Name:

Herbert B. Keil

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State: D.C.

Zip Code 20036

Country

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Telephone: (202)659-0100

is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Fax: (202)659-0105

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$355./\$710.
Basic Fee	• • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	\$ 710.00
Total Claims:		= x	\$09./\$18. =	·
Indep. Claims:		= x	\$40./\$80. =	
[] Multiple D	ependent Cla	aim(s) presen	ted:\$135./270	=
[x] A check is	enclosed for	or the filing	fee.	\$ <u>710.00</u>
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- A check for \$750.00 for the filing fee and assignment [X] recordation.
- The Commissioner is hereby authorized to charge any other [X] fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

1101 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100